**POWER OF ATTORNEY** OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

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| POWER OF ATTORNEY OR OCATION OF POWER OF ATTORNEY ITH A NEW POWER OF ATTORNEY AND GE OF CORRESPONDENCE ADDRESS | Application Number                    | 10/633,610   |  |
|  | Filing Date                           | August 1, 2003   |  |
|  | First Named Inventor                  | Ajit Karmaker et al.                                   |  |
|  | Title                                 | Endodontic Post and Obturating System                  |  |
|  | Art Unit                              |  |  |
|  | Examiner Name                         |  |  |
|  | Attorney Docket Number                | 96399  |  |

| I hereby revoke all previous powers of attorney given in the above-identified application.   |  |         |                     |              |  |
|--|--|---------|---------------------|--------------|--|
| A Power of Attor   | rney is submitted herewith.                                  |         |                     |              |  |
| OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Pater     |  |         | 26875               |              |  |
| and Trademark (<br>OR  | Office connected therewith:                                  |         |                     |              |  |
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|  | ociated with the above-mentioned Customer Number             |         |                     |              |  |
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| OR   |  |         |                     |              |  |
| Firm or Individual Name Ms. Sandra Swain   |  |         |                     |              |  |
| Address  | Sybron Dental Specialities, Inc.<br>1717 West Collins Avenue |         |                     |              |  |
| City   | Orange   | State   | CA                  | Zip 92867    |  |
| Country  | U.S.   | T       |                     |              |  |
| Telephone  | 714-516-7694   | Email   |                     |              |  |
| I am the:  Applicant/Inventor.  OR   |  |         |                     |              |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on  |  |         |                     |              |  |
| SIGNATURE of Applicant or Assignee of Record   |  |         |                     |              |  |
| Signature  | Stall  |         | Date                | 4/27/10      |  |
| Name   | Steven M. Paskin   |         | Telephone           |              |  |
| Title and Company Vice President of Pentron Clinical Technologies, LLC   |  |         |                     |              |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.                         |  |         |                     |              |  |
| *Total of forms are submitted.   |  |         |                     |              |  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| STATEMENT UNDER 37 CFR 3.73(b)  |  |  |  |  |  |
|---|--|--|--|--|--|
| Applicant/Patent Owner: Ajit Karmaker et al.  |  |  |  |  |  |
| Application No./Patent No.: 7,163,401   | Filed/Issue Date: January 16, 2007   |  |  |  |  |
| Titled: Endodontic Post and Obturating System   |  |  |  |  |  |
| Pentron Clinical Technologies, LLC Corpora  | ition  |  |  |  |  |
| (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.   |  |  |  |  |  |
| states that it is:  |  |  |  |  |  |
| 1. X the assignee of the entire right, title, and interest in;  |  |  |  |  |  |
| 2. an assignee of less than the entire right, title, and interest in (The extent (by percentage) of its ownership interest is%); or                   |  |  |  |  |  |
| 3. The assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made)                          |  |  |  |  |  |
| the patent application/patent identified above, by virtue of either:  |  |  |  |  |  |
| A. An assignment from the inventor(s) of the patent application the United States Patent and Trademark Office at Reel copy therefore is attached.  OR | n/patent identified above. The assignment was recorded in, Frame, or for which a |  |  |  |  |
| B. X A chain of title from the inventor(s), of the patent applicatio  | n/patent identified above, to the current assignee as follows:                   |  |  |  |  |
| 1. From: Inventors  | To: Pentron Clinical Technologies, LLC   |  |  |  |  |
| The document was recorded in the United States  Reel 015785 Frame 0064  |  |  |  |  |  |
| 2. From:  | То:  |  |  |  |  |
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| Additional documents in the chain of title are listed on a s  | upplemental sheet(s).  |  |  |  |  |
| or concurrently is being, submitted for recordation pursuant to 3  [NOTE: A separate copy (i.e., a true copy of the original assig                    | nment document(s)) must be submitted to Assignment Division in                   |  |  |  |  |
| accordance with 37 CFR Part 3, to record the assignment in the  |  |  |  |  |  |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.   |  |  |  |  |  |
| Signature Date  |  |  |  |  |  |
| Steven M. Paskin  | Vice President   |  |  |  |  |
| Printed or Typed Name   | Title  |  |  |  |  |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to this collection of information is required by 37 CPR 3.73(b). The information is required to obtain on retain a benefit by the public whild it is filled by the Collection process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.